

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046432

STATE FILE NUMBER

XC-1699 626

SL 18568

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

12415

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN COLLINSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 12 days	d. STREET ADDRESS (If outside, give location) 32 1219 STATE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PHILIP TURNER			4. DATE OF DEATH Month Day Year DECEMBER 23, 1958
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/28/93
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and state or country) COLLINSVILLE, ILLINOIS / 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME SAMUEL A. TURNER		13b. MOTHER'S MAIDEN NAME EMMA STORK	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WA-1		16. SOCIAL SECURITY NO. 343 10 1825	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE Collinsville, Ill.
21. attended the deceased from 12/11/58 to 12/23/58 and last saw him alive on 12/23/58 Death occurred at 2:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ROBERT WEISS (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12/23/58
23a. BURIAL, CREMATION, REMOVAL REMOVED	23b. DATE 12-23-58	23c. NAME OF CEMETERY OR CREMATORY Glenwood cemetery	23d. LOCATION (City, town, or county) (State) Collinsville, Ill.
24. FUNERAL DIRECTOR Paul E. Froman		ADDRESS Collinsville, Ill.	25. DATE RECD. BY LOCAL REG. DEC 23 '58
26. REGISTRAR'S SIGNATURE Carl Smith MO m 83			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul E. Frome*

Licensed Embalmer No. *Ex 780*
P. O. Address *Collinsville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.